



www.templetonartworks.com
templetonartworks@gmail.com
805-423-1358

Registration Art Classes

Please be neat and complete.

Student Name: _____ Gender: ____ Age: ____ Birth Date: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian(s) Names: _____ Home Phone: _____

Parent/Guardian(s) Email Address(es): _____

Parent/Guardian(s) Cell Phone and/or Work Numbers: _____

Emergency Contact Name & Cell Phone Numbers: _____

Characterize Your Child:

Medical Release Form:

I, _____ agree to allow my child, _____, to receive medical treatment, should the need arise. I also give my permission for my child to be transported to the nearest hospital in the event of medical emergency. As parent and/or guardian of the above named child, I promise to hold Templeton Artworks, harmless from any liabilities it may incur from the above named minor in connection with participation in art classes except as might arise because of negligence on the part of Templeton Artworks. I understand and agree to abide by the policies established regarding absences, refunds, and credits for tuition, and I will sign my child in/out on a daily basis.

Signature of Parent/Guardian Relationship to Child

Date



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Date	Class/es	Days	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL FEE ENCLOSED _____

Please return to Templeton Artworks, 559 N Main ST Templeton CA 93465 in the drop box or Call: 805-423-1358 or email: templetonartworks@gmail.com